EXHIBIT C

Case 06-10725-gwz Doc 8053-3 Entered 05/14/10 16:05:04 Page 2 of 11 FORM B10 (Official Form 10) (10/05) UNITED STATES BANKRUPTCY COURT Nevada DISTRICT OF Nevada PROOF OF CLAIM Name of Debtor Case Number USA Capital Mortgage Company, Inc E-Filed 8-9-06 BK-S-06-10725-LBR NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A 'request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor (The person or other entity to whom the Check box if you are aware that anyone debtor owes money or property) else has filed a proof of claim relating to JAMES CORISON your claim Attach copy of statement giving particulars Name and address where notices should be sent Check box if you have never received any JAMES CORISON notices from the bankruptcy court in this PO BOX 21214 **RIVERSIDE, CALIFORNIA 92516** Check box if the address differs from the address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY Telephone number the court Last four digits of account or other number by which creditor Check here replaces if this claim amends a previously filed claim, dated identifies debtor **Basis for Claim** Retiree benefits as defined in 11 USC § 1114(a) Goods sold Wages, salaries, and compensation (fill out below) Services performed Last four digits of your SS # Money loaned Unpaid compensation for services performed

Personal injury/wrongful death	from to
☐ Taxes	(date) (date)
Other	
2 Date debt was incurred 11/24/2003	3 If court judgment, date obtained
4 Classification of Claim Check the appropriate box or boxes that best See reverse side for important explanations Unsecured Nonpriority Claim \$ Check this box if a) there is no collateral or lien securing your claim b) your claim exceeds the value of the property securing it, or if c) none only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority \$	set describe your claim and state the amount of the claim at the time case filed Secured Claim Check this box if your claim is secured by collateral (including a right of setoff)- Brief Description of Collateral Real Estate Motor Vehicle Other
Specify the priority of the claim.	Up to \$2,225* of deposits toward purchase, lease, or rental of property
Domestic support obligations under 11 U S C § 507(a)(I)(A) or (a)(I)(B)	or services for personal, family, or household use - 11 U S C § 507(a)(7) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
☐ Wages, salaries, or commissions (up to \$10,000),* earned within 18	80 Other - Specify applicable paragraph of 11 U S C § 507(a)()
days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)	*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	
5 Total Amount of Claim at Time Case Filed	\$1,023,000 00 1,023,000 00
interest or additional charges	(unsecured) (secured) (priority) (Total) on to the principal amount of the claim Attach itemized statement of all
6 Credits The amount of all payments on this claim has been credite making this proof of claim	tted and deducted for the purpose of THIS SPACE IS FOR COURT USE ONLY

Sign and print the name and title, if any, of the creditor or other person authorized to file his claim (attach copy of power of attorney, if any)

Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase

Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-

orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the

documents are not available, explain If the documents are voluminous, attach a summary

addressed envelope and copy of this proof of claim

8

Date

James Corison Penalty for presenting from ulent claim Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 USC §§ 152 and 3571

Filed date

TOTAL DIG (Chicker Form 10) (10/05)						
United States Bankruptcy Court	1	DISTRIC	T OF	- 1	Vevada	PROOF OF CLAIM
Name of Debtor	C	ase Numt	er			7,100, 0, 02, 111.
USA COMMERCIAL MORTERGE COMMY	1	06	<u> </u>	10	0725-LBR	
NOTE. This form should not be used to make a claim for an administration	strative	expense	arisin	g al	fter the commencement	
of the case. A request for payment of an administrative expense ma	ay be fi	led pursu	ant to	11	USC § 503	
		Chaek he	6	1011	are aware that anyone	
Name of Creditor (The person or other entity to whom the debtor owes money or property)					oof of claim relating to	
DANIEL D. NEWMAN, TRUSTEE	1 :	your class	m At	itac	h copy of statement	1
PANIEL D. NEWMAN FRUST DATED 11/1/92		giving pa				
Name and address where notices should be sent					have never received any cankruptcy court in this	
DAWIEL D. NEWMAN		case.	V L			
125 ELYSIAN DRIVE SEDOMA AZ 86336	3				ddress differs from the	
Telephone number 928 282 5466	1	the court		CIII	velope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	(Check he	re		eplaces	
identifies debtor	1	ıf thıs cla	ım []	amends a previously fi	led claim dated
1 Basis for Claim			Ret	tire	e benefits as defined in	11 USC § 1114(a)
Goods sold		П	Wa	ges	salaries and compen	sation (fill out below)
Services performed		ليبا			our digits of your SS # d compensation for se	
Money loaned				•	-	
Personal injury/wrongful death Taxes			fro	m_	(date)	to(date)
Other —					(uate)	(date)
2 Date debt was incurred		3. If	cour	t ju	dgment, date obtaine	ed.
MARCH 1999						
4 Classification of Claim. Check the appropriate box or boxes the	hat best	describe	your	cla	um and state the amour	nt of the claim at the time case file
See reverse side for important explanations.		S	cure	d	Claim	
Unsecured Nonpriority Claim \$\(\frac{\lambda \text{ME4 OF EX B}}{\text{C}}\)		1	3 c	hec	ck this box if your claim	is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	ur claum none o	or a	right	of:	setoff)	•
only part of your claim is entitled to priority			В	Brie	f Description of Collate	rai
Unsecured Priority Claim						r Vehicle Other
Check this box if you have an unsecured claim all or part of	which is	,	٧	/alu	e of Collateral \$	NENOUN
entitled to priority		A				arges at time case filed included in
Amount entitled to priority \$		se	cured	i ci	aim, if any \$ <i>L/NE</i>	20=5×A
Specify the priority of the claim		☐ Up:	o \$2	225	5* of deposits toward p	urchase, lease or rental of property
		or s	ervice	es f	or personal, family or	nousehold use - 11 U S C.
Domestic support obligations under 11 U S C. § 507(a)(1)(A) (a)(1)(B)	DIT I		07(a)(
Wages salaries or commissions (up to \$10,000) * earned with	ın 180	=		•	•	nental units - 11 USC § 507(a)(8)
Wages salaries or commissions (up to \$10 000),* earned with days before filing of the bankruptcy petition or cessation of the deb busines whichever is earlier - 11 U S C § 507(a)(4)	tor's	ليبا		•		oh of 11 USC § 507(a)()
1 —						1/1/07 and every 3 years thereafter to a feer the date of adjustment
Contributions to an employee benefit plan - 11 USC § 507(a)(5)	In test	resp	CLI	to cases continent ea or	or after the dute of augustitiens
5 Total Amount of Claim at Time Case Filed.					4 LN4 EXA_	LNYEXA
Check this box if claim includes interest or other charges in ad	ldition (secure ncipa		(secured) mount of the claim Att	(priority) (Total) ach itemized statement of all
interest or additional charges		•				
6 Credits. The amount of all payments on this claim has been	n credu	ted and d	educt	ted	for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim						
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security [1] JAN 1 1 2007						
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the						
documents are not available explain if the documents are voluminous attach a summary						
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-						
addressed envelope and copy of this proof of claim						
Date Sign and print the name and title if any, of file this claim (attach copy of power of atto	the cre	ditor or o	other	per	son authorized to	
Ame I have	nucy !!	i any)	į			
2007 DANIEL D NEWMAN	-	out	/ }==}+		1	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500 000 o		/.		-		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
remain for presenting fluidulent claim. PIDE OF NO TO \$5(R) (RR) of	T IMPOU	somment :	DOT BY	n to	> vears or both 18	#1 # # # # P P P P P P P P P P P P P P P

UNITED STATES BANKRUPTCY COURT D	ISTRICT OF Nevada	
	PROOF OF CLAIM	
	e Number	
ISA COMMERCIAL MORTE CO	06-10725-LBR	4 1
NOTE. This form should not be used to make a claim for an administrative e		
of the case A "request" for payment of an administrative expense may be file	d pursuant to 11 U.S.C. 9 303	1
	heck box if you are aware that anyone	
and the many of brobardy Other and and the collection	se has filed a proof of claum relating to our claim. Attach copy of statement	
AJ AMENDED TO THE TOTAL OF THE	ving particulars.	
Name and address where notices should be sent TRUSTASS	heck box if you have never received any	
advantage of the second	otices from the bankruptcy court in this	
20 0600NDA	ise. heck box if the address differs from the	
_!RVINE_CA 92620 ==	idress on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
	he court.	
	this claim amends a previously file	d claim, dated
1 Reals for Claim	Retiree benefits as defined in I Wages, salaries, and compensa	
Goods sold Services performed	Last four digits of your SS #	
Money loaned	Unpaid compensation for serv	ices performed
Personal injury/wrongful death		to
Other SEE EXHIGIT A	(date)	(date)
2 Prote debt was incorred	. If court judgment, date obtained	
5-10-2005		
4. Classification of Claim. Check the appropriate box or boxes that best of	iescribe your claim and state the amount	of the claim at the time case filed.
See reverse side for important explanations.	Secured Claim	
Unsecured Nonpriority Claim s 559,993 83		and the self-tend (maketer
Check this box if a) there is no collateral or hen securing your claim,	or a right of setoff)	s secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority	Brief Description of Collaters	,
Unsecured Priority Claim		
	Value of Collateral \$ UA	
Check this box if you have an unsecured claim, all or part of which is entitled to priority	Amount of arrearage and other char	ses at time case filed included in
Amount entitled to priority \$	secured claim, if any \$ 905	
Specify the priority of the claim	7 1 in an \$2 225° of denotes toward and	where leave or matel of account
l <u></u>	Up to \$2,225° of deposits toward pur or services for personal, family, or ho	
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	§ 507(a)(7)	1
	Taxes or penalties owed to governme	
Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)	Other - Specify applicable paragraph	
	Amounts are subject to adjustment on 4/ with respect to cases commenced on a	
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)	with respect to cases commenced on t	A die he date of adjessment.
5. Total Amount of Claim at Time Case Filed:	\$559,993,83 559,993,83 (secured) (559,993,83
Check this box if claim includes interest or other charges in addition to interest or additional charges.		priority) (Total) th itemized statement of all
6. Credits The amount of all payments on this claim has been credited	d and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim.		
7 Supporting Documents: Attach copies of supporting documents, sax		1
orders, invoices, itemized statements of running accounts, contracts, cou agreements, and evidence of perfection of lies DO NOT SEND ORK		Į.
documents are not available, explain If the documents are voluminous,	FILED JAN 1 2 2007	
8. Date-Stamped Copy To receive an acknowledgment of the filing of y	TILLO OTH I & COU!	
addressed envelope and copy of this proof of claim.	l	
Date Sign and print the name and thie, if any, of the credifile this claim (attach copy of power of attorney, if a	İ	
The uns claim (attach copy of power of attorney, if a	tua Daniel TRE	1
TAN 9,2007 Mark a Demis Trusto	coy 4. The same	USA CMC
Jems Irusta	V	

UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada	PROOF OF CLAIM		
Name of Debtor USA Commercial Mortgage Company	me of Dehtor USA Commercial Mortgage Company Case Number 06-10725-LBR			
NOTI: This form should not be used to make a claim for an administrative expense material to the case. A 'request for payment of an administrative expense materials and the case of the case.				
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Denise F Fager, Trustee of the Denise F Fager Revocable Trust UAD 2/28/03	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars Check box if you have never received any			
Name and address where notices should be sent Denise F Fager 5 Salvatore Ladera Ranch CA 92694	notices from the bankruptcy court in this case. Check box if the address differs from the			
Telephone number 949-218-8290	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here if this claim	ed claim dated, 11/06		
1 Rasis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in I Wages salaries, and compensa Last four digits of your SS # _ Unpaid compensation for serv fromt (date)	ation (fill out below)		
2. Date debt was incurred March 2001	3. If court judgment, date obtained			
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 663,782 03 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \(\frac{1}{2}\) 507(a)(1)(A) o (a)(1)(B) Wages salaries, or commissions (up to \$10,000) * earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C \(\frac{1}{2}\) 507(a)(4) Contributions to an employee benefit plan - 11 U S C. \(\frac{1}{2}\) 507(a	claim, or one or Claim, or one or Brief Description of Collateral Value of Collateral Amount of arrearage and other charges secured claim, if any \$ 12,346 Up to \$2,225* of deposits toward pur or services for personal, family or hote \$ 507(a)(7) Taxes or penalties owed to government of the secured claim, if any \$ 12,346 Other - Specify applicable paragraph of the secured claim, if any \$ 12,346 With respect to cases commenced on of the secured claim.	s secured by collateral (including all Vehicle Other————————————————————————————————————		
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in add	\$ 663,782 02 663,782,03 (unaccured) (secured) (ption to the principal amount of the claim. Attack	priority) (Total)		
interest of auditional charges.				
making this proof of claim 7 Supporting Documents: Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are voluing addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any of the file this claim (attach copy of power of attoring the support of the file this claim (attach copy of power of attoring the supporting the supporting the supporting the supporting the supporting documents are voluing the supporting the supporting documents are voluing the supporting the supporting documents are voluing the supporting documents are voluing the supporting the suppo	nts such as promissory notes, purchase its court judgments, mortgages, security ORIGINAL DOCUMENTS If the innous, attach a summary ing of your claim, enclose a stamped, self-e-creditor or other person authorized to	THIS SINCE IS FOR COURT USE ONLY		
Penalty for presenting fraudulent claim Fine of up to \$500,000 or	Musler 1911	USA CMC 1072502356		

Case Ob-10/2b-0WZor	NOC SM53-3 ad=0	tered:05/3/4/30/36	105 - 04Pae	e 6 of 11
• €ase 90-49725 •	PRO	OF OF CLAIM	9 13ge P8 ₽	9 9 9 21
Name of Debtor	Case Nu	mber ⁻		
NOTE See Reverse for List of Debtors and Case Numb This form should not be used to make a claim for an adransing after the commencement of the case A "request administrative expense may be filed pursuant to 11 U S	ninistrative expense t" for payment of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address MICHAEL DONAHUE 1795 NEWHALL AVE CAMBRIA CA 93428-5507	1321241000246	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	DO NOT FILE TH SECURED INTEI ONE OF THE DE If you have alr	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ()		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which cre-	ditor identifies debtor	of this slaim	laces or a previously ends	filed claim dated?
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U	S C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrong Services performed Taxes	☐ wages,	salaries and compensation rdigits of your SS#	(fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly		compensation for services	performed from	to (date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE	OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate See reverse side for important explanations	box or boxes that best descr	the your claim and state the ar	nount of the claim at	the time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing exceeds the value of the property securing it or if c) none entitled to priority	your claim or b) your claim or only part of your claim is	a right of setoff)		red by collateral (including
UNSECURED PRIORITY CLAIM		Brief description		—
Check this box if you have an unsecured claim, all or part entitled to priority	of which is		^-	
Amount entitled to pnonty \$ Specify the priority of the claim		Amount of arrearage secured claim, if any	and other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)	_	Up to \$2 225* of deposits to	ward purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned before filing of the bankruptcy petition or cessation of the business whichever is earlier - 11 U S C § 507(a)(4)		services for personal family Taxes or penalties owed to	governmental units -	11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 5	607(a)(5)	Other - Specify applicable p * Amounts are subject to ad with respect to cases comm.	justment on 4/1/07 a	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ INTERST 25	00 mout \$ 250,	\$	enced on or alter the	\$
AT TIME CASE FILED (unsecure Check this box if claim includes interest or other charges	d) (s	secured)	(priority)	(Total)
6 CREDITS The amount of all payments on this claim 7 SUPPORTING DOCUMENTS Attach copies of s running accounts, contracts, court judgments, mortga	supporting documents, suages, security agreement	uch as promissory notes poss, and evidence of perfection	urchase orders involved in the orders in the order in	oices, itemized statements of
DOCUMENTS if the documents are not available, e 8 DATE-STAMPED COPY To receive an acknow proof of claim	•		•	d envelope and copy of this
The original of this completed proof of claim forn ACCEPTED) so that it is actually received on or b for each person or entity (including individuals, p governmental units)	efore 5 00 pm, prevailir	ng Pacific time, on Novem	ber 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY	го	
Attn USACM Claims Docketing Center P O Box 911	Attn USA 1330 Eas	AČM Claims Docketing Cen it Franklin Avenue	ter	
El Segundo, CA 90245-0911 DATE SIGN and printing name and		do CA 90245		
9/24/06 this Claim (attach copy-	of power of attorney if any)	MICHAEL D		

	<u>1tered 05/14/10 16:05</u>	:04
UNITED STATES BANKRUPTCY COURT PR DISTRICT OF NEVADA	OOF OF CLAIM	
Name of Debtor Case N	umber	
USA COMMERCIAL MTG CO OG	0725 (LBR)	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A 'request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating	
Name of Creditor and Address	to your claim Attach copy of statement giving particulars	
DONALD E REDMON & JAYLYLE REDMON FAMILY TRUST DATED 10/31/95 C/O DONALD E REDMON & JAYLYLE REDMON TRUSTEES 51 SANLO LN MOUNTAIN HOME AR 72653-6333	BMC Group in this case Check box if this address differs from the address on the	O NOT FILE THIS PROOF OF CLAIM FOR A ECURED INTEREST IN A BORROWER THAT IS NOT THE DEBTORS If you have already filed a proof of claim with the tankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (810) 568 416 1	court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replace or amends	a previously filed claim dated
	benefits as defined in 11 U S C	§ 1114(a) Unremitted principal
Services performed Taxes Last fo	salaries and compensation (fill ur digits of your SS #	out below)
Money loaned Unpaid Unpaid	compensation for services perfo	
2 DATE DEBT WAS INCURRED 3 IF	COURT JUDGMENT, DATE OB	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des		
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) your claim		r claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	1	pllotoral
UNSECURED PRIORITY CLAIM	Brief description of co	
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral	Motor Vehicle
Amount entitled to priority \$	Amount of arrearage and secured claim, if any \$	other charges at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	services for personal family or h	l purchase lease or rental of property or nousehold use -11 U S C § 507(a)(7) rnmental units - 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustn	raph of 11 U.S.C. § 507(a) () nent on 4l1l07 and every 3 years thereafter ed on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 161	662,50 \$	\$ 161,662.50
AT TIME CASE FILED (unsecured)		(priority) (Total)
Check this box if claim includes interest or other charges in addition to the princip	al amount of the claim Attach itemi	zed statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, running accounts contracts, court judgments mortgages security agreements.	such as promissory notes purch	ase orders, invoices itemized statements of flien DO NOT SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the document 8 DATE-STAMPED COPY To receive an acknowledgment of the filing or proof of claim.		•
The original of this completed proof of claim form must be sent by mai ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporat governmental units)	ing Pacific time, on November ons, joint ventures, trusts and	13, 2006 USE ONLY
BMC Group Attn USACM Claims Docketing Center BMC G Attn USACM Claims Docketing Center	ACM Claims Docketing Center	
El Segundo, CA 90245-0911 El Segu	ist Franklin Avenue ndo CA 90245	
IO 3 06 SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if any	or other person authorized to file	USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to	5 years or both 181150 To	1/4ND 3541 Ceo
Donald E Redmon, Truster		dmon, Trustee

	7. Samuel	PRO	OOF OF CLAIM			
Name of Debtor	A STATE OF THE STA	Care Nu	Case Number			
	14'L MORTGAGE Co					
	(A) or orace feet	06-1	0726-LBR			
This form should not be used arising after the commenceme	of Debtors and Case Numbers to make a claim for an administrative ent of the case. A "request" for paymore filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else hits filed a proof of claim relating to			
Name of Capillar and	Address		your claim. Attach copy of attrement giving perticulars.			
	ET TRUSTEE OF DOUG BLUD 4 89509-6604	CET VEUST	Check box if this address differs from the address on the anvelope sent to you by the	SECURED INTER ONE OF THE DE If you have air	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BYORS. mady filed a proof of claim with the or BMC you do not need to file again	
Creditor Telephone Humber (court.	THIS SPAC	E IS FOR COURT USE ONLY	
	other number by which creditor identi	fies debtor	Check here nepla	, a převiously	filed claim dated	
1 BASIS FOR CLAIM		Retires I	penefits as defined in 11 U.S.	C § 1114(a)	Unremitted principal	
Goods sold Services performed	Personal injury/wrongful death Texes		salaries, and compensation ((woled tuo fiit)	Other claims against servicer (not for loan belences)	
Money loaned	Other (describe briefly)		r digits of your SS # compensation for services pe	rformed from	to	
	SEE EXIBIT A ATTACI	HED	,		(date) (clate)	
2 DATE DEBT WAS INCUR. 4 CLASSIFICATION OF CL. See reverse side for important	AIM Check the appropriate box or boxe		OURT JUDGMENT, DATE Of the your claim and state the amo		the time case filed	
UNSECURED NONPRIORT	TY CLAIM \$ 509 335, 71		SECURED CLAIM	nor alaba la saco	red by collateral (including	
Check this box if a) there is	s no collateral or lien securing your claim, o oparty securing it, or if c) none or only part	or b) yourdaim t of your claim is		COLDINAL IS SUCC	IOO nà cossessi (sireconiñ	
writified to priority			Bnef description of	f collateral		
Check this box if you have:	.A.IM on unsecured claim all or part of which is		Real Estate [
entified to priority			Value of Collateral	* UNK	N W O	
Amount entitled to priority	\$		Amount of amerage a secured claim if any	nd other charges	at time case filed included in	
Specify the priority of the cl	leim; na un der 11 U.S.C. § 507(a) (1) (A) ör (a) (1)	VBI F	Up to \$2 225° of deposits low		,	1
	saions (up to \$10 000) earned within 180		sorvices for personal family	or household use	1 USC § 507(a)(7)	
before filing of the bankrupt business, whichever is earli	toy petition or cessation of the disblor's ier 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to go Other Specify applicable par		- · · · · · · · · · · · · · · · · · · ·	
Contributions to an employe	so benefit plen 11 USC § 507(a)(5)	i	* Amounts are subject to adju	etment on 4/1/07 e	nd every 3 years thereafter	{
8 TOTAL AMOUNT OF CLA	NM \$	\$ 500 270	with respect to cases comme	noid on or after the	\$ 502-335 77	1
AT TIME CASE FILED	(unsecured)	\$ 502,333	\$ 71 \$ 50 2 ₇	クラン ({ (priority)	* 50F35J (/ (Tobel)	
	udes interest or other charges in addition					1
7 SUPPORTING DOCUM	of all payments on this claim has been MENTS <u>Attach comes of supporting</u> tils court judgments mortgages sect cuments are not available explain. If	documents, sunty agreement	uch as promissory notes, pur is and evidence of perfection	rohase orders, im n of lien - DO NO	roices, itemized statements of	
8 DATE-STAMPED COP proof of cleim	To receive an acknowledgment	of the filing of	your claim enclose a stampe	d self-addresse		
ACCEPTED) so that it is for each person or entit	pieted proof of claim form must be actually received on or before 5 to y (including individuals, partnershi	0 pm, prevailli ps, corporatio	ng Pacific time, on Novemb ons joint ventures, trusts a	er 13 2006 Ind	THIS SPACE FOR COURT USE ONLY	
governmental unita) BY MAL TO BMC Group Attn USACM Claims Doo P O Box 911 El Segundo CA 90245-08	_	BMC Gro Attri US/ 1330 East	DOR OVERNIGHT DELIVERY TO July ACM Claims Docketing Central REPRESENTED TO STORY OF THE PROPERTY OF THE PROPER	_	FILED JAN 12	2007
	SIGN and print the name and title if any	, of the creditor t	or other person authorized to file			I
19-07	the claim (attach copy of power of	out Cu	t. Fruste	0 1 162 AND ****	USA CAPITAL	
гения ак prosoming freudulent	t claim is a fine of up to \$500,000 or impris	warrent tot up to	и учествить или от от 99	FOR PAYER SOFT	10/200000/	

1867-498-204 60 ST 4002/90/T0

Case 06-10725-gwz Doc 8053-3 Entered 05/14/10 16:05:04 Page 9 of 11 FORM B10 (Official Form 10) (10/05)

FUNM DIG (CINC	ai i oitti 10/ (10/05)					
UNITED STAILS	UNITED STALLS BANKRUPTCY COURT DISTRICT OF Nevada PROOF OF CL					
Name of Dubtor	ISA Commercial Mortgage Company					
NOTE This form st of the case A requ						
debtor owes money	The person or other entity to whom the or property) / Dustman & Oliver Henry	د	else has filed	a p	are aware that anyone troof of claim relating to ch copy of statement	
Name and address Ellen Dustman 3159 6th St	where notices should be sent		notices from case	the	have never received any bankruptcy court in this address differs from the	,
Boulder, CO 80 Telephone number	303-443-2244	E t	address on the	e en	rvelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of a identifies debtor	ccount or other number by which creditor	Į	Check here f this claim	ď	replaces amends a previously fi	led claim dated 11/06
✓ Money Persona	sold s performed		∏ W La U	age ast f npa	ee benefits as defined in es salaries and compen four digits of your SS # aid compensation for se (date)	sation (fill out below) rvices performed
2 Date debt w	as incurred 8/10/05		3. If cou	rt j	udgment, date obtain	ed
See reverse side Unsecured Nonp Check this be be joyour claim excee only part of your claim excee only part of your claim. Check this be entitled to priority. Amount entitled to Specify the priority of Domestic supp (a)(1)(B) Wages salaries days before filing obusiness whichever	priority \$	or claim none of	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other - 5	Chet of Bridge Value of Chet o	Claim cck this box if your claim setoff) ef Description of Collate Real Estate Motoue of Collateral \$	eral T Vehicle Other
5 Total Amou	nt of Claim at Time Case Filed		\$ 151,58 (unsecur		62 151,584 63 (secured)	(priority) (Total)
Check this box interest or addi	if claim includes interest or other charges in ad- tional charges	dition to	o the princip	al a		ach itemized statement of all
6 Credits The making this pro-	e amount of all payments on this claim has beer of of claim	credite	ed and deduc	cted	for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting D orders invoices agreements, and documents are r 8 Date-Stamped	ocuments. Attach copies of supporting documents itemized statements of running accounts control evidence of perfection of lien. DO NOT SEN not available explain. If the documents are voluted Copy. To receive an acknowledgment of the frope and copy of this proof of claim. Sign and print the name and title if any, of file this claim (attach copy of power of atto.)	acts co ID ORI minous ling of	ourt judgmen GINAL DO s, attach a sur your claim,	ts, i CU mm enc	mortgages security IMENTS If the lary lose a stamped, self-	FILED JAN 12 200
1/10/07	Ellen V Dustman	-	-	len	Henry	USA CMC 1072502154

Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4) 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary FIED JAN 16 2007 Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, selfaddressed envelope and copy of this proof of claim. **USA CMC** Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) - Eric C Distoron the

Penulty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C \$8 152 and 3571

FORM B10 (Official Form 10) (10/05)

United States Bankrupicy Court	District of Nevada	DDOOL OF OLVIN
Name of Debtor		PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Co	Case Number 06 - 10725 - LBR	
NOTE This form should not be used to make a claim for an administ of the cise. A request for payment of an administrative expense ma		
Name of Cruditor (The person or other entity to whom the dubtor owes money or property)	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement	
John P Everett	giving particulars	
Name and address where notices should be sent Heart Clini's Northwist	Check box if you have never received an notices from the bankruptcy court in thi case	
Telephone number 509 - 489 - 750 4 Last four digits of account or other number by which creditor	Check box if the address differs from the address on the envelope sent to you by the court	THIS SEACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor 7337	Check here replaces a previously famends a previously famends	iled claim dated
1 Basis for Claim Goods sold	Retiree benefits as defined in Wages salaries and competent	isation (fill out below)
Services performed Money loaned	Last four digits of your SS # Unpaid compensation for se	
Personal injury/wrongful death Taxes	from	
Taxes Other See Finhit A	(date)	(date)
2 Date debt was incurred Junyary 1066.	3 If court judgment, date obtain	ed
4 Classification of Claim Check the appropriate box or boxes the	at best describe your claim and state the amou	nt of the claim at the time case filed.
See reverse side for important explanations Unsecured Nonpriority Claim \$ 211, 569.00	Secured Claim	
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) if	c claim or a right of setoff)	n is secured by collateral (including
only part of your claim is entitled to priority	Brief Description of Collate	eral r Vehicle Other
Unsecured Priority Claim Check this box if you have an unsecured claim all or part of w		
entitled to priority Amount entitled to priority \$		parges at time case filed included in
Specify the priority of the claim		urchase lease or rental of property
Domestic support obligations under 11 U S C $ 507(a)(1)(A) $ or $ (i)(1)(B) $	or services for personal family or \$ 507(a)(7)	household use 11 USC
Wages salaries or commissions (up to \$10 000) * earned within	Taxes or penalties owed to governm	· · · · · · · · · · · · · · · · · · ·
days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 USC \$ 507(a)(4)		1/1/07 and every 3 years thereafter
Contributions to an employee benefit plan 11 U S C \ 507(a)		
5 Total Amount of Claim at Time Case Filed Check this box it claim includes interest or other charges in odd	\$ 111.5 (q.60) (secured)	(priority) 211,569.00 (Total)
Check this box if claim includes interest or other charges in add interest or additional charges		ach itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim	credited and deducted for the purpose of	THIS SLACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docume	ents such as promissory notes purchase	
orders invoices itemized statements of running accounts contract agreements and evidence of perfection of lien. DO NOT SENI	cts court judgments mortgages security DORIGINAL DOCUMENTS If the	
documents are not available explain. If the documents are volun	ninous attach a summary	
8 Date Stamped Copy To receive an acknowledgment of the file addressed envelope and copy of this proof of claim		FILED JAN 1 2 20
Sign and print the name and title if any of the	ne creditor or other person authorized to ney if any)	FILED JAN I & 200
111/2007	enoth	USA CMC
1000 91	ruw I	

Penalty for presenting fraudulent Claim Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U S

1072502184